

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/522527

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			1			
5			1			
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47			1			
48			1			
49			1			
50			1			
TOTAL IND.			2			
TOTAL DEP.	◀◀	34	◀◀	◀◀		
TOTAL CLAIMS	██████████	36	██████████	██████████		

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.				▼		
TOTAL DEP.	◀◀			◀◀		
TOTAL CLAIMS	██████████			██████████		